CHAPTER 2
ADDENDUM N

DATA REQUIREMENTS - DEFAULT VALUES FOR COMPLETE CLAIM DENIALS

The values used as defaults can be used only on complete claim denials and only when the appropriate value is not available from the claim and/or supporting documents, history, provider file, or other available resources. Thus, the defaults are element-specific and are not to be used as a "blanket" approach for complete claim denials, edits are in place to ensure appropriate reporting of defaults.

The following is arranged in alphabetical order, with those elements that are common to both Institutional and Non-Institutional addressed first, then the Institutional-specific elements followed by the Non-Institutional-specific elements. Where "N/D" (no default) appears, the TED must be reported in accordance with current requirements. Wherever a group level element is listed, the value shown applies to all subordinate elements unless shown separately.

FIGURE 2-N-1 COMMON ELEMENTS

ELEMENT NAME	DEFAULT VALUE
Adjustment/Denial Reason Code	N/D
Amount Interest Payment	Zeros
Amount Paid By Other Health Insurance	Zeros
Amount Patient Cost-share	Zeros
Begin Date Of Care	N/D
CA/NAS Exception Reason	N/D
CA/NAS Number	N/D
CA/NAS Reason For Issuance	N/D
Claim Form Type/EMC Indicator	N/D
Date Adjustment Identified	N/D
Date Ted Record Processed To Completion	N/D
DEERS Identifier (Patient)	N/D
End Date Of Care	N/D
Enrollment/Health Plan Code	N/D
Health Care Coverage Copayment Factor Code	Z
Health Care Coverage Member Category Code	Z
Health Care Coverage Member Relationship Code	Z
Health Care Coverage Special Entitlement Code	Blanks
Health Care Delivery Program Plan Coverage Code	000
Occurrence/Line Item Number	N/D
Other Government Program Begin Reason Code	W
Other Government Program Type Code	N
Override Code	N/D
Patient Identifier (DoD)	N/D
Patient Zip Code	N/D
Pay Grade Code (Sponsor)	00
Pay Plan Code (Sponsor)	ZZ
PCM Location DMIS-ID (Enrollment) Code	N/D
Person Birth Calendar Date (Patient)	N/D
Person Cadency Name (Patient)	N/D
Person First Name (Patient)	N/D

FIGURE 2-N-1 COMMON ELEMENTS (CONTINUED)

ELEMENT NAME	DEFAULT VALUE
Person Identifier (Patient)	N/D
Person Identifier (Sponsor)	N/D
Person Identifier Type Code (Patient)	Blanks
Person Identifier Type Code (Sponsor)	Blanks
Person Last Name (Patient)	N/D
Person Middle Name (Patient)	N/D
Person Sex (Patient)	N/D
Personnel Category Code (Sponsor)	Z
Pricing Rate Code	Blank
Principal Treatment Diagnosis	7999
Provider Group NPI Number (Reserved)	N/D
Provider Individual NPI Number (Reserved)	N/D
Provider Network Status Indicator	N/D
Provider Participation Indicator	N/D
Provider State Or Country Code	N/D
Provider Sub-Identifier	N/D
Provider Taxpayer Number	N/D
Provider Zip Code	N/D
Reason For Interest Payment	Blanks
Record Type Indicator	N/D
Region Indicator	N/D
Secondary Treatment Diagnosis	N/D
Service Branch Classification Code (Sponsor)	N/D
Special Processing Code	N/D
TED Record Indicator	N/D
Type Of Submission	D

FIGURE 2-N-2 INSTITUTIONAL-SPECIFIC ELEMENTS

ELEMENT NAME	DEFAULT VALUE
Admission Date	Report same date as Begin Date of Care
Admission Diagnosis	7999
Amount Allowed (Total)	Zeros
Amount Billed (Total)	N/D
Amount Paid By Gov't Contractor (Total)	Zeros
Covered Days	N/D
DRG Number	N/D
Frequency Code	1 (N/D on DRG interim billing)
Patient Status	01 (N/D on DRG interim billing)
Principal Op/Nonsurgical Procedure Code	Blanks
Revenue Code	N/D
Secondary Op/Nonsurgical Procedure Code	Blanks
SNF HIPPS Code	N/D
Source of Admission	9
Total Charge by Revenue Code	N/D
Type of Admission	3
Type of Institution	N/D
Units of Service by Revenue Code	001

FIGURE 2-N-3 NON-INSTITUTIONAL-SPECIFIC ELEMENTS

ELEMENT NAME	DEFAULT VALUE
Amount Allowed By Procedure Code	Zeros
Amount Applied Toward Deductible	Zeros
Amount Billed By Procedure Code	N/D
Amount Paid By Gov't Contractor By Procedure Code	Zeros
DEERS Dependent Suffix	75
National Drug Code	Blanks
Number of Services	01
Physician Referral Number	Blanks
Place of Service	99
Procedure Code	See *NOTE
Procedure Code Modifier	N/D
Provider Specialty	N/D
Type of Service	Must agree with Place of Service and Procedure Code
Utilization Data Occurrence Count	N/D

NOTE: Defaults for procedure code must be the "Miscellaneous" code in the range for services provided. For example, a service shown only as "laboratory" or with a non-acceptable lab code should be coded 89399[1]. Any such defaults used by the contractor must still agree with Type of Service.

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